Approved

# ***MEETING MINUTES***
# ***STATE CONSUMER AND FAMILY ADVISORY COMMITTEE***

## *November 4, 2010*

**Present**: Nancy Black, Dave Bullins, Nancy Carey, Pamela Chevalier, Frank Edwards, Sue Guy, Libby Jones, Laura Keeney, Mark Long, Carol Messina, Rosemary Weaver and Glenda Woodson.
**Absent:** Gladys Christian, Zack Commander, Kathy Crocker, Virginia Hill, Ron Kendrick, Carl Noyes, Paul Russ, Renee Sisk and Amelia Thorpe.
**Resigned:** Terry Burgess.
**Staff Present**: Steven Jordan, Stuart Berde, Cathy Kocian, Eric Fox, Becky Ebron, and Kerry Lynn Frasier.
**Guests Present**: Bob Carey, Kent Earnhardt, Gerri Smith, and Brianna Woodson.

| Presenter & Topic | Discussion | Action |
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| **Welcome:**<br>**Rosemary Weaver, SCFAC Chair** | • The meeting was called to order at 9:00 AM.<br>• Nancy Carey (2nd by Carol Messina) made a motion to start including in the minutes whoever made the motion and whoever seconds the motions. SCFAC members unanimously approved the motion.<br>• SCFAC members approved the Bylaws change as written:<br>**ARTICLE 8. MEETINGS**<br>**Section 1. Regular Meetings**<br>Members of the SCFAC **will meet a minimum of six times a year** at the date, place, and time specified by the SCFAC for the purpose of transacting business and electing officers**.** | The agenda was approved with changes.<br><br>SCFAC members approved Mark Longs motion (2nd by Frank Edwards) to approve the September 2010 minutes with corrections. |
| **CABHA Presentations**<br>**Fred Waddle, Easterseals UCP**<br>**Tad Clodfelter, Southlight** | • **Fred Waddle, Sr. Vice President Government Relations, Easterseals UCP** provided SCFAC members with information on Easterseals UCP, a CABHA currently providing MH services (and also provides DD services) to 19,000 individuals with a staff of 17 Psychiatrists. Critical Access Behavioral Healthcare Agencies need to have a:<br>o Medical Director<br>o Clinical Director (Non-billing)<br>o Quality Management Director (QM), and<br>o Training Director (QM & Training could be done by one staff person).<br>• Fred explained that the business development of a CABHA has been a challenging process in order to provide core services. On December 31, 2010, only CABHAs will be allowed to provide Day Treatment, Community Support Team (CST) and Intensive In-Home (IIH). Easterseals UCP presently has 16-17 Assertive Community Treatment Teams (ACTT), 30 Community | |

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| | Support Teams (CST) and 7 Multi Systemic Teams (MST). In addition, CABHAs are required to provide Assessments, Out Patient Therapy, and Medication Management. Two other services, Targeted Case Management and Peer Support Services will only be allowed to be provided by CABHAs.<br>• SCFAC members were interested in the pros and cons of a CABHA.<br>o The pros for consumers and family members include:<br>▪ A good array of services.<br>▪ Children who were placed in Day Treatment when they don't need the service will no longer receive this service. Day Treatment is a clinical mental health program for children who can not stay in school.<br>▪ Peer Support Services are important as peers prefer to talk to peers. As ACTT expands, paid peer support positions will develop.<br>▪ CABHAs now have a list of all agencies and their services for transition and referring individuals out to other providers.<br>o The cons include:<br>▪ Agencies will need to transition to CABHA status really quick, and this may result in incorrect service placement or loss of services.<br>▪ The rates will be low for Peer Support Services and CABHAs will probably not profit from PSS.<br>▪ When an agency staff person goes to another business and can't find some of the consumers, and there is no staff left at the agency.<br>▪ Some services won't be able to be provided in rural counties.<br>• **Tad Clodfelter, Jr. Psy.D., Chief Executive Officer Southlight**, provides substance abuse services in NC. In addition, Tad is the Chair of the Substance Abuse Federation. Tad explained that there has been some difficulty getting Medicaid numbers for some of the consumers. Plus, it's important to be looking at ways to expand the continuum of care and service array as well as increase penetration in all areas. CABHA agencies who are ready to provide services are the ones who will thrive.<br>• Several SCFAC members were interested in knowing if there was a sense of obligation to provide peer support services. Tad explained that peer support services are not a required service, and it will be up to individual CABHAs as to whether they provide this service. Some organizations have been doing peer support services with state funds and will probably switch over to Medicaid billing once the PSS definition is implemented. | |

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| | • Currently, there are natural supports in the substance abuse community, and Southlight has all levels of qualifications within the organization. Tad stated that you can have licensed Peer Support Specialists. For example, someone who meets Associate Professional with a BSW, and also is a CPSS may bill for Peer Support Services.<br>• Southlight and Easterseals UCP do refer clients to one another for services. SCFAC members expressed that this was a good thing because typically that is not what's happening. Hopefully, the treatment of mental health and substance abuse will be done together but that's not happening today.<br>• Steve Jordan explained that if an agency said they can treat mental health before treating substance abuse that is untrue. Substance abuse must be treated first and this is best practice. "Due Diligence" applies and it is beneficial to seek a service provider to treat co-occurring disorders at that time.<br>• Stuart Berde provided an update on the Peer Support Service RFA, and the Division received quite a few applications. The LMEs selected could receive a one time award of up to $23,000 to convene PSS trainings. The grants will provide the state an opportunity to study the impact of PSS. | |
| **Discussion with Division Leadership Steven Jordan** | • Steve Jordan provided SCFAC members with background information that included growing up with his father who was a Baptist Preacher that led to helping others throughout his career. Steve takes his work seriously and that's why he appreciates a sense of humor to maintain stability.<br>o In 1982, he was employed by Southern Pines Hospital, a mental health facility in Charleston SC.<br>o Steve earned his Bachelor of Social Work and worked in a clubhouse as a Social worker in Aiken, SC.<br>o He completed his Master's degree at the University of South Carolina and his career also included employment with the Mental Health Authority in Columbia, SC.<br>o Steve was employed by Mentor doing therapeutic foster care, and in 2001 he went to work with a national organization ResCare. There he managed CAP program therapeutic foster care.<br>• Critical Access Behavioral Healthcare Agency (CABHA) reviews have been ongoing within the Division, and 900 applications were received from 600 agencies. All agencies have to pass the desk review or their application was sent back for correction. Each agency has 3 opportunities to meet the criteria to become a CABHA, and currently there are 30 applications that still need to be completed. There are 3 steps to the CABHA application process:<br>1. Attestation Letter (show that you know how to write your program and put it on paper). | |

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| | 2. Interview (verbally demonstrate you understand the work).<br>3. Verification Process (on site visit to prove you were doing the work).<br>• Steve acknowledged that it's imperative that we put in practice good sound clinical policy, and eliminate the retail mindset that dominated the provider world and interfered with care. CABHAs are supposed to be the answer to this problem. Psychiatrists need to have substantial involvement and retail mindset leaves when you have doctors talking to doctors. Mental health services are being reshaped in North Carolina and the outcome will allow companies not equipped to provide these services to leave the service arena.<br>• The LMEs have done a terrific job with the CABHA transition and scored 85-90% for transition plan within each agency plan. All providers who will be transitioning consumers by December 31, 2010, need to verify that they notified their consumers that they will no longer receive services in order to allow individuals to make other plans. There are 19,000 consumers that need to be assessed by December 31, 2010, in order to make sure they meet the qualifications to receive services. Therefore, services are being reviewed by county so professionals are aware of the gaps in service. Effective November 1, 2010, there will be no new authorizations given to agencies that will not become CABHAs.<br>• The Division is closely looking at the step down plans for all individuals that were receiving ACTT and Community Support Team (CST). Consumers can't just be placed in outpatient therapy if they need a higher level of care within a CABHA. For example, an agency might not provide CST but they can not just move people to outpatient therapy. However, there is a problem when individuals have been receiving ACTT since its inception and were not being transitioned to CST and then to Outpatient Therapy.<br>• Community Care North Carolina (CCNC) is beneficial to the care of people with physical and behavioral health issues. With Health Care Reform (HCR) on the horizon, the next goal is to connect CABHAs and CCNCs so that they have access to all services and prescriptions for every Medicaid recipient in NC.<br>• Steve Jordan has requested $9 million dollars more for the 3 way contracts. Once the CABHAs are in place, the next steps include review of Emergency Room (ER) wait time. Given there is no single portal entry, the police only know to take people to the emergency room and then Emtala sets in. Emtala simply means people can not get out of the emergency room until they get an evaluation. The 3 way contracts have been useful for local hospitals to use beds to treat acute needs at the local level. Fifty four percent of the people showing up in local ERs are not even connected with LMEs. Steve Jordan acknowledged Jim Jarrard, Deputy Director, who is a very trusted and | |

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| | respected man in the community has been discussing contracts with the Urgent Cares to see MH patients. John Hardy, Director of Mental Health Partners, has been holding educational programs with local magistrates to inform them of opportunities. The 3 way contracts are a fix to the ER situation.<br>o Beth Melcher, Luckey Welsh, and Steve Jordan have been holding meetings with the hospital staff, CABHAs, and LME staff to discuss the ER situation.<br>o SCFAC members mentioned the following possibilities to assist with this ER problem:<br>▪ Peer Bridger programs<br>▪ Crisis Intervention Training (CIT)<br>▪ 24/7 MH Crisis Center.<br>• The 2011 budget is facing a $3.5 billion shortfall and all departments have been asked to develop a 5%-10% and 15% reduction. For MH/DD/SAS, it's best to figure $25 million for every 5% and the Division needs to take a look at Community Service Dollars. In addition, the CABHAs need to build stability and training must be done. There are currently 81 committees and there needs to be value added to the meeting and a purpose for going to the meetings.<br>• The SCFAC has been involved in Waiver Planning and the Division has tiered consumer involvement. Stuart Berde mentioned that the Division is also looking at a major communication plan. | |
| **Services Task Team**<br>**Laura Keeney, Chair** | • The SCFAC Service Task Team developed a list of questions that consumers and family members may reference when considering providers. SCFAC members provided additional questions via email and the committee reviewed the final set of questions.<br>• Nancy Black motioned (2nd by Libby Jones) to accept the questions as is with corrections, and SCFAC members unanimously approved the list. The Service Task team will revisit the questions as necessary. | The questions will be posted on the SCFAC web page. |
| **Public Comment/Issues** | • Marc Jacques commented on the open discussions ongoing in the community regarding the idea to abandon SAMHSA thinking and support the Center for Medicare and Medicaid (CMS) Thinking. Marc requested that the SCFAC members advocate for Peer Support Specialists to move forward.<br>• Becky Ebrom, Quality Management, provided SCFAC members with an overview of the updated ***NC-TOPPS Dash Board Outcomes at a Glance*** which can be reviewed at http://www.ncdhhs.gov/mhddsas/nc-topps/index.htm and click on the graphic link. Currently, there are a total of 20 outcome measures that allow you to compare LMEs and Provider agencies. | |
| **SCFAC Task Team Updates** | • Nancy Black stated that CABHAs are the key focus of discussion during the | Cathy Kocian will contact Mark O'Donnell to follow up on the report. |

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| | past External Advisory Team (EAT) meetings. Nancy also requested an update from Mark O'Donnell regarding the Child Residential Group Home report regarding *Where did the individuals go once they left the facility*. | |
| | • Nancy Black, Budget Task Team Chair, acknowledged that the Budget task team will be sending two letters to the Secretary and General Assembly. The first letter will address the provider rates and they can not be cut any further. Second, Peer Support Services need to be fully funded for training. | The Budget Task Team will ask Bill Scott, Acting Chief, Resource and Regulatory Management, to attend the January SCFAC meeting in order to do a basic 2011 budget presentation. |
| | • Laura Keeney, Service Task Team Chair, acknowledged the group's decision to provide feedback and make suggestions on the updated version of *NC-TOPPS Dash Board Outcomes at a Glance.* The task team would also like to review Incident Reports with the goal to look at trends occurring across the state. | |
| | • Frank Edwards, SCFAC to LCFAC Interface Task Team Chair, announced that two new SCFAC members, Dave Bullins and Sue Guy, will join the task team. This group will be developing some surveys for the local CFACs to provide input. Plus, the team is going to plan a statewide conference call with the local CFAC members in the near future. Frank mentioned there is a need for increased communication and education. | The Task Team is going to meet via teleconference at 2:00 pm on the 3rd Monday in November and December. Cathy Kocian will obtain a dial in number for the group. |
| | • Rosemary Weaver suggested that the SCFAC members develop a newsletter that would be distributed three times per year. SCFAC members discussed topics to consider:<br>o The role of the SCFAC.<br>o The role of the LCFAC.<br>o The relationship between SCFAC and LCFAC so it's clear that people understand the SCFAC does not have authority over the local CFACs. | |
| | Frank Edwards (2nd by Nancy Carey) motioned that the SCFAC proceed with a volunteer group of members for the publishing of a newsletter. SCFAC members unanimously approved this project. | Rosemary Weaver will contact SCFAC members for volunteers willing to write articles for the newsletter. Cathy Kocian will work with SCFAC to develop the newsletter. |
| | • The Division is in the process of forming a Waiver Communication Committee and SCFAC members were interested in knowing whether any advocacy groups are presently on the Division's Waiver work group. Nancy Black (2nd by Nancy Carey) motioned that the Wavier committee also have an advocacy organization officially represented and this recommendation needs to be passed on to the Waiver Leadership Work group. | |
| | • Rosemary Weaver acknowledged that she has asked the Task Team Chairs to attend the upcoming Executive Leadership Team (ELT) meetings in Raleigh on a rotating basis. Rosemary attended the September meeting and Nancy Black agreed to go in December. | Rosemary Weaver will develop a schedule and send it to the SCFAC Task Team Chairs. |
| | • Rosemary Weaver stated it's her goal that the SCFAC be transparent and all emails need to include the SCFAC Chair and Vice Chair. Rosemary Weaver | |

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| | and Libby Jones can address questions. | |
| **Next Meeting Date** | • The next meeting is scheduled for January 13, 2010 from 9:00-3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, N.C. | |
| **January 2011 Meeting Agenda** | • Approval of the Agenda<br>• Approval of the November 2010 minutes<br>• Public Comments/Issues<br>• Discussion with Division Leadership<br>• Budget Presentation<br>• 1915 bc Waiver Update<br>• Task Team Work Sessions<br>• Task Team Update<br>• March 2011 Agenda | |